

Declaration of Barbara Heinkel


I, Barbara Heinkel, being of legal age and under no legal disability, hereby declare as follows:

1. I, Barbara Heinkel, was born on PII-1953 and currently reside in the State of Indiana.
2. I have retained Jim Onder, and the law firm of OnderLaw to represent me in my claims that exposure to Johnson & Johnson talcum powder products caused me, Barbara Heinkel to develop ovarian or gynecological cancer ("Talc Claims").
3. OnderLaw has advised me regarding the terms of the currently proposed Prepackaged Chapter 11 Plan of Reorganization of the Debtor (the "Plan"), which proposes to resolve my Talc Claims, as well as those of other current and future talc claimants, through Chapter 11 Bankruptcy.
4. As reflected in my Ballot for Talc Claims, which is attached as Exhibit A to this Declaration, I voted in favor of the Plan, which my counsel at OnderLaw submitted on my behalf.
5. I have since learned that
BEASLEY ALLEN
also attempted to cast a vote on my behalf, and made the representation that I had voted *against* the Plan. This is not accurate.
6. BEASLEY ALLEN

is not my chosen counsel and does not represent me regarding Talc Claims. OnderLaw is my counsel of choice.
7. I have no recollection of ever receiving any direct contact from
BEASLEY ALLEN
regarding the Plan, or asking me how I would like to vote. I never directed
BEASLEY ALLEN
to cast a ballot on my behalf against the Plan, which I support.
8. I support the Plan, and the vote cast by
BEASLEY ALLEN
without my consent does not reflect my wishes.

I declare, under penalty of perjury, and under the laws of the State of Indiana and the United States of America that the foregoing is true and correct to the best of my knowledge.

Executed this 05 day of September, 2024, at Fort Wayne Indiana.
(month) (year) (city, state)

 Signed at:
2024-09-05 18:45:22

Barbara Heinkel



BALLOT FOR TALC CLAIMS - VOTING ON PREPACKAGED CHAPTER 11 PLAN OF REORGANIZATION OF THE DEBTOR

This Ballot may be completed by the claimant or their authorized representative.

CaseID: _____

Date: 06/25/2024

Who are you filling out this ballot for? (please select one)

- ☒ Yourself (Injured Party)
- ☐ On Behalf of a Loved One (Personal Representative)

Representative Information (If Applicable)

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail Address: _____

Relationship to Talcum Powder Product User (check all that apply)

- | | | |
|--|---|--|
| Spouse <input type="checkbox"/> | Legal Guardian <input type="checkbox"/> | Executor of Estate <input type="checkbox"/> |
| Child <input type="checkbox"/> | Parent <input type="checkbox"/> | Successor in Interest <input type="checkbox"/> |
| Administrator of Estate <input type="checkbox"/> | Sibling <input type="checkbox"/> | Other <input type="checkbox"/> |

If other, please specify type of relationship: _____

Injured Party Information

First Name: Barbara Middle Initial: L Last Name: Heinkel Suffix: _____

Street Address: PII

Street Address 2: _____

City: PII State: PII Zip: PII

Phone #: PII E-mail Address: PII

Date of Birth: PII /1953 Social Security #: PII 2306

Vote on the Plan:

The undersigned, as a holder of a Channeled Talc Personal Injury Claim (or their authorized representative) votes: (please select one)

- ☒ to ACCEPT / In Favor of the Plan
- ☐ to REJECT / Against the Plan

Disease/Use Question:

What disease type is your / the claimant's Channeled Talc Personal Injury Claim based upon? (please select one)

- ☒ Ovarian Cancer
- ☐ Gynecological Cancer
- ☐ Other disease excluding Mesothelioma and Lung Cancer

If other, please specify: _____

Is your / the claimant's Channeled Talc Personal Injury Claim supported by a diagnosis of the disease type identified in response to the question above? (please select one)

- ☒ Yes
- ☐ No

Did the individual with the asserted disease used J&J talcum powder on her own perineal area after puberty for a minimum of four consecutive years? (please select one)

- ☒ Yes
- ☐ No

By signing this Ballot and Power of Attorney (POA), the undersigned, as the holder of a Channeled Talc Personal Injury Claim (or their authorized representative), certifies, under penalty of perjury, pursuant to 28 U.S.C. § 1746, that the following statements are true and correct:

- I have been provided with a copy of the Disclosure Statement with all exhibits, including the Plan with its exhibits, and two letters—one from LLT and one from the AHC of Supporting Counsel—urging claimants to vote to ACCEPT / in favor of the Plan.
- I have a reasonable belief that I am / the claimant is the holder of a Channeled Talc Personal Injury Claim in Class 4 under the Plan as of the Voting Record Date.
- I have a reasonable belief that the information I have provided in this Ballot is accurate, including, without limitation, the responses set forth to the Disease/Use Questions.
- I acknowledge that a vote to accept the Plan constitutes acceptance of my / the claimant's treatment as a holder of a Channeled Talc Personal Injury Claim.
- I have full power and authority to vote to ACCEPT / in favor of or to REJECT /against the Plan in my capacity as either the claimant or their authorized representative.
- I hereby grant to OnderLaw, LLC authority to take all actions necessary to cast my vote on the Plan including, without limitation, the authority to include my vote as part of a master ballot.
- I also do hereby grant a limited and specific power of attorney to OnderLaw, LLC, to act as Attorney, in fact, on my behalf, with the full power and authority to prepare a ballot and vote on my behalf to accept or reject any bankruptcy plan applicable to my claim, and/or to include me as part of a master ballot.

Print your name below:

Barbara L Heinkel

In testimony to the above, sign below:

Signed at:
2024-06-25 19:02:44
